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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/451,256 03/04/2003

*YES, &*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 03 02236 02/24/2003

*YES, &*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/17/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	FRANCE	4	38	5

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## TITLE

Device for applying a product

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